

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02AL0232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/15/2013
NAME OF PROVIDER OR SUPPLIER HOUSEHOLD OF ANGELS IN CROFTON		STREET ADDRESS, CITY, STATE, ZIP CODE 2163 DAVIDSONVILLE ROAD GAMBRILLS, MD 21054		
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E 000	Initial Comments The following deficiencies are the result of an unannounced monitoring survey conducted at Household of Angels, Crofton on 10/15/13, for determining the facility ' s compliance with COMAR 10.17.14, Assisted Living Program Regulations. Survey activities included an environmental tour, interview with staff, administrative record review, review of six (6) resident records and five (5) staff records. The facility census at the time of the survey was fifteen (15) residents.	E 000		
E2640	.19 D .19 Other Staff--Qualifications D. Basic CPR training shall be provided on an initial and ongoing basis to a sufficient number of staff by a certified CPR instructor to ensure that a trained staff member is available to perform CPR in a timely manner, 24 hours a day. This REQUIREMENT is not met as evidenced by: 10.07.14.19. D Based on staff record review, basic CPR training by a certified CPR instructor has not been provided on an initial or ongoing basis to ensure that a trained staff member is available to perform CPR in a timely manner, 24 hours a day. Findings include: Staff members # 2 and # 4 provide personal care to residents and each of these staff members work the night shift alone. Review of staff records and interview with Staff member #1 revealed that Staff members # 2 and # 4 do not have recertification of CPR.	E2640		

OHCQ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E3270	Continued From page 1	E3270		
E3270	.25 A2(e)-(h) .25 Resident Agreement--Financial Content (e) A provision which provides at least 45 days notice of any rate increase, except if necessitated by a change in the resident's medical condition; (f) Fair and reasonable billing, payment, and credit policies; (g) The procedures the assisted living program will follow in the event the resident or agent can no longer pay for services provided for in the resident agreement or for services or care needed by the resident; and (h) Terms governing the refund of any prepaid fees or charges, in the event of a resident's discharge from the assisted living program or termination of the resident agreement. This REQUIREMENT is not met as evidenced by: 10.07.14.25. A.2 (e) Based on resident record review, the resident agreement failed to provide a provision which provides at least a 45 day notice of any rate increase, except if necessitated by a change in the resident ' s medical condition. Findings include: Review of Article II the facility ' s resident agreement documents that the facility may increase fees with a 30 day advance notice in writing, except if necessitated by a change in the resident ' s medical condition.	E3270		
E3380	.26 C3 .26 Service Plan (3) The service plan is reviewed by staff at least every 6 months, and updated, if needed, unless a resident's condition or preferences significantly	E3380		

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E3380	Continued From page 2 change, in which case the assisted living manager or designee shall review and update the service plan sooner to respond to these changes. This REQUIREMENT is not met as evidenced by: 10.07.14.26. C (3) Based on resident record review, the ALM (Assisted Living Manager) or designee failed to review the service plan at least every six months and update the service plan of a resident when a resident 's condition or preferences significantly change. Findings include: The service plan for Resident #1 was developed on 8/30/13. Following a hospitalization from 9/20/13-9/25/13, Resident #1 is now on a NCS (no concentrated sweets) diet, requires a seatbelt for the wheelchair and should receive Ensure supplement if Resident #1 skips a meal. The information is not included in Resident #1 's service plan. The service plan for Resident # 2 was last updated on 2/12/13. The service plan for Resident #3 was last updated on 2/23/13. The service plan for Resident #5 was last updated on 2/13/13. The service plan for Resident #6 was last updated on 1/21/13.	E3380		
E3660	.29 L1,2 .29 Medication Management and Administration L. Safe Storage of Medication. The assisted living manager, or designee, shall ensure that: (1) Medications are stored in the original dispensed container; (2) Medications are stored in a secure location, at the proper temperature; and	E3660		

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E3660	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: 10.07.14.29. L (1, 2) Based on review of resident records, corresponding medical orders and inspection of the medication cart, the assisted living manager, or designee, failed to ensure that medications are stored in the original dispensed containers and in a secure location at the proper temperature.</p> <p>Findings include: Review of the controlled medications for 5 residents revealed that 6 controlled medications had been pre-poured into paper disposable cups prior to the surveyors' arrival at the facility at 10 am for administration later that same day. Interview with Staff member # 6 revealed that Staff member # 6 pre-poured the following controlled medications into paper cups: Resident #1: 1 diazepam 5 mg tablet for administration at 10 pm, Resident #5: 1 oxycodone apap 5/325 mg tablet prn for administration at 8 pm, Resident #6: 1 lorazepam 0.5 mg tablet for administration at 1 pm, Resident #7: 1 zolpidem 5 mg tablet for administration at 10 pm, Resident #8: 1 hydrocodone-acetaminophen 5/500 mgs tablet prn for administration at 6 pm and 1 lorazepam 0.5 mg tablet for administration at 6 pm.</p> <p>An environmental tour of the facility revealed that 2 residents had medications stored in their rooms unsecured. Resident # 9 had 1 tube of calmoseptine 1 % Nystatin cream stored on the back of the toilet in his room and Resident # 8 had 2 tubes of risamine cream stored on the back of her toilet in her room.</p>	E3660		
E3680	.29 M .29 Medication Management and Administration	E3680		

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E3680	Continued From page 4 M. Medications and treatments shall be administered consistent with current signed medical orders and using professional standards of practice. This REQUIREMENT is not met as evidenced by: 10.07.14.29. M Based on review of resident records, medical orders, and the medication administration record (MAR), the staff failed to administer medications and treatments consistent with current signed medical orders and using professional standards of practice. Findings include: Resident #5 has medical orders for Theraflu original formula 20-60-650 packet- 1 packet in 8 oz warm water by mouth every 4 hours prn common cold and Lidocaine-Prilocaine 2.5% cream-apply to neck 45 minutes before appointment. These medications were unable to be found. Resident #5 has a medical order for staff to monitor the blood glucose level of Resident #5 three times a day and inform Resident #5 's physician if the glucose level is below 70 or greater than 300. Review of the documented blood glucose levels for Resident #5 revealed that during the months of June, August and September the blood glucose levels were above 300 five times. Documentation that the physician was notified was not available in the record. Interview with staff provided no further documentation.	E3680		
E4630	.41 A .41 General Physical Plant Requirements	E4630		

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E4630	Continued From page 5 .41 General Physical Plant Requirements. A. The facility, which includes buildings, common areas, and exterior grounds, shall be kept: (1) In good repair; (2) Clean; (3) Free of any object, material, or condition that may create a health hazard, accident, or fire; (4) Free of any object, material, or condition that may create a public nuisance; and (5) Free of insects and rodents. This REQUIREMENT is not met as evidenced by: 10.07.14.41 A. (1) (2) (3) Based on observation during a tour of the facility, the facility failed to ensure that all areas of the facility are in good repair, clean and free from potential health hazards. Findings include: The air intake vents found above the windows in the kitchen have an accumulation of dust. A water leak was discovered under the sink and the adjacent left plywood panel of the automatic dishwasher. The area at the back of the floor beneath the kitchen sink has an accumulation of a black substance, possibly mildew and/or mold. The carpeting located in room #11 is buckling in several areas which could potentially create a hazard for this resident, staff or visitors. The bathroom located off the living room does not have latching hardware sufficiently working which would allow privacy.	E4630		
E4690	.42 C .42 Water Supply C. Hot Water Temperature. Hot water accessible	E4690		

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E4690	Continued From page 6 to residents shall be blended externally to the hot water generator, by either individual point-of-use control valves of the anti-scald or thermostatic mixing valve type, to a maximum temperature of 120°F and a minimum temperature of 100°F at the fixture. This REQUIREMENT is not met as evidenced by: 10.07.14.42.C Based on an environmental tour, the facility failed to provide hot water accessible to residents between a minimum of 100 degrees F. and a maximum of 120 degrees F. Findings include: The temperature of the hot water on the left side of the facility measured 90 degrees F. at the fixture.	E4690		
E4820	.46 C5 .46 Emergency Preparedness (5) The licensee shall review the emergency and disaster plan at least annually and update the plan as necessary. This REQUIREMENT is not met as evidenced by: 10.07.14.46. C (5) Based on administrative record review, the assisted living program failed to update the emergency disaster plan as necessary. Findings include: Review of the assisted living program ' s emergency disaster plan revealed that a medical fact sheet was not completed for Resident #5	E4820		

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E4910	Continued From page 7	E4910		
E4910	.46 E3 .46 Emergency Preparedness (3) Semiannual Disaster Drill. (a) The assisted living program shall conduct a semiannual emergency and disaster drill on all shifts during which it practices evacuating residents or sheltering in-place so that each is practiced at least one time a year. (b) The drills may be conducted via a table-top exercise if the program can demonstrate that moving residents will be harmful to the residents. (c) Documentation. The assisted living program shall: (i) Document completion of each disaster drill or training session; (ii) Have all staff who participated in the drill or training sign the document; (iii) Document any opportunities for improvement as identified as a result of the drill; and (iv) Keep the documentation on file for a minimum of 2 years. This REQUIREMENT is not met as evidenced by: 10.07.14.46. E.3 (a-c) Based on administrative record review, the assisted living program failed to conduct a semiannual emergency disaster drill on all shifts during which it practices evacuating residents or sheltering-in-place so that each is practiced at least one time a year. Findings include: Review of the emergency disaster drills conducted by the assisted living program failed to provide documentation that a semiannual evacuation drill was conducted on all shifts and that a shelter-in-place disaster drill was last	E4910		

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E4910	Continued From page 8 conducted on 9/18/13 and 9/21/13.	E4910		
E5240	.48 F4(i) .48 Common Use Areas (i) Shall provide refrigeration operated at or below 45°F and equipped with an indicating thermometer graduated at 2°F intervals; and This REQUIREMENT is not met as evidenced by: 10.07.14.48. F.4 (i) Based on an environmental tour, the facility failed to provide refrigeration operated at or below 45 degrees F. Findings include: The temperature of the refrigerator located in the kitchen was 50 degrees F.	E5240		
E5250	.48 F4(j) .48 Common Use Areas (j) Shall provide freezer space operated at 0°F or less and equipped with an indicating thermometer graduated at 2°F intervals. This REQUIREMENT is not met as evidenced by: 10.07.14.48. F.4 (j) Based on an environmental tour, the facility failed to provide freezer space operated at 0 degrees F. Findings include: The temperature of the freezer compartment of the refrigerator located in the kitchen was 10 degrees F. The temperature of the freestanding freezer located in the pantry was 20 degrees F.	E5250		